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Transgender health in medical education

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Standing in front of senior colleagues is a daunting experience. But when you are trying to educate people on a topic you hold close to your heart, this adds another dimension of concern. Will they listen? Will they judge? As a foundation year one doctor (intern), Laura organised a teaching programme on transgender awareness for healthcare professionals (HCPs). Through the experiences of a loved one, transgender healthcare became a significant part of her life. Seb's interest developed through Laura's enthusiasm for transgender health – noted whilst working together on other projects within medical education. We both identify as cisgender individuals – identifying by biological sex assigned at birth. We graduated from medical school within the last five years and are involved in medical education. Laura is a foundation year 2 doctor with an interest in transgender healthcare. Seb is an honorary clinical lecturer at Brighton and Sussex Medical School with teaching and research responsibilities.

As undergraduates we were naive to the fact that transgender individuals make up 0.6% of the United Kingdom population (1). Despite this prevalence, we received no training on transgender health. We qualified with knowledge of rare diseases but knew nothing about this important subpopulation. Transgender individuals are known to have problems accessing healthcare. In a recent Stonewall survey, 41% of transgender individuals reported that HCPs lacked understanding of their needs, and 7% reported having been refused healthcare altogether due to their LGBTQ+ status (2). These are worrying statistics, which suggest a lack of understanding by HCPs. No one should be denied healthcare as a result of who they are. Given our influence over the shaping of tomorrow's doctors, we have a moral duty as medical educators to help tackle such inequalities.

When designing her teaching, Laura was unable to identify guidelines suggesting appropriate content. This led to her using a reflective approach concerning the learning needs of colleagues. With Seb's guidance and support, she has since explored the literature more thoroughly. Broad searches highlighted several articles arguing that a standardised transgender health curriculum is required at an undergraduate level (1,3-5). Whilst we are supportive of this aim, we noticed that much of the supporting data are limited. Studies generally do not suggest the content that should be included in such curricular changes. We did identify reports of interventions that were deemed to have improved HCPs and medical students' acceptance and knowledge – supporting an approach such as Laura's. However, most of these were single-centre and presented limited methodological depth. Many also conflated transgender issues with those of the lesbian, gay and bisexual populations. Subsequently, their data lacked depth and were difficult to apply to the specific issues faced by transgender individuals. Interestingly, we were also unable to identify any in-depth qualitative studies into the experiences, knowledge, attitudes or beliefs of medical students or doctors. This is an important oversight, as much of the existing literature seems to overlook detailed meaning and understanding in favour of small, local-level tests of pre- and post-session self-reported confidence levels – some validated, some not. Additionally, we identified no studies looking at long-term outcomes. Regardless, some studies have indeed shown that simple changes to medical curricula can improve undergraduates' knowledge and acceptance regarding transgender issues (1,3–5).

Many articles report the same issues: a lack of transgender health knowledge and a lack of acceptance, for example (1,3–5). This led us to wonder why medical school curricula are yet to change. At first glance, it is easy to immerse oneself in the literature and to argue that

these curricula do need to be improved. However, the practicalities of this change may be more difficult than they first seem. For example, we must give consideration in an overcrowded curriculum to which areas might be reduced in order to add transgender health issues, and we must also consider which specific aspects of transgender health should be included. It is therefore vital that such changes are supported by a strong evidence base. Figure 1 summarises our own recommendations for transgender health curricular content. These recommendations have been discussed at length with individuals from the trans community, including a paramedic colleague.

It is important for those involved in health professional education to use our influence to support positive change such as this. One possible way of doing so may be to undertake more, high-quality research in this area – including both in-depth qualitative work and further quantitative work that utilises long-term outcome measures. As gender expression is gaining a greater social platform, tomorrow's doctors will need at least a basic knowledge of the health issues specific to this vulnerable population. In tackling the dearth of research and undergraduate education, we might hope to tackle the current health disparities. We are planning to begin filling one of the important knowledge gaps by undertaking some exploratory qualitative research with local medical students, exploring their awareness and confidence regarding trans health.

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Figure One:

<u>Suggested contents of transgender teaching sessions</u>

- Basic terminology
  - Pronouns
  - Birth names
- Etiquette
  - Birth names
  - Chosen names
  - Chosen pronouns
  - Referring to a patient's anatomy
- Treatments
  - Medications
  - Surgeries
- Gender Recognition Certificate
  - United Kingdom
  - Forms for a medical professional to fill in – general practitioner
- Mental health
  - Depression/suicidal thoughts

Figure 1: Draft of a teaching session into transgender awareness for health professionals in the UK.